

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.

As such, I have completed SCHEDULE L.

**This Report Covers Calendar Year:** 2013☒ ORIGINAL REPORT☐ AMENDED REPORT☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY ☐ )Final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

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**Office/Position Held:** Ethics Administrator**Name of Filer** (print full name) Kathleen M. AllenMailing Address P. O. Box 4368City, State, Zip Baton Rouge, LA 70816**Name of Spouse** (print full name) N/A

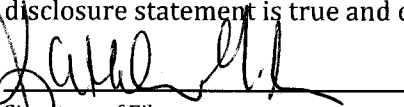
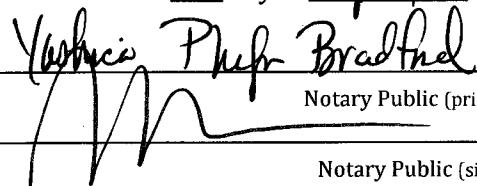
Spouse's Occupation \_\_\_\_\_

Spouse's Principal Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Check all that apply:**☒ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☒ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year **AND** I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.**Certification of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer Sworn to and subscribed before me this 17<sup>th</sup> day of April, 2014.  
Notary Public (print name)  
\_\_\_\_\_  
Notary Public (signature)

ID# \_\_\_\_\_

Date Commission Expires \_\_\_\_\_

**LOUISIANA BOARD OF ETHICS**

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Baton Rouge, Louisiana 70821

**Schedule A: Employment Information**

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: Ethics Administrator

Name of Employer: Louisiana Ethics Administration Program

Address: P. O. Box 4368

City, State, Zip: Baton Rouge, LA 70816

Job Description: Administrator and general counsel for the Ethics Administration Program and the Louisiana Board of Ethics

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

• You are required to disclose employment information related to both you and your spouse.

• List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: Country Ridge Neighborhood AssociationAddress: 2024 Walnut Ridge AvenueCity, State, Zip: Baton Rouge, LA 70816Nature of Association: PresidentDescription of Organization: Neighborhood Association☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: President

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

**\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.**

Revised December 2012

Form 416A

[www.ethics.state.la.us](http://www.ethics.state.la.us)

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**Schedule D: Income from the State, Political  
Subdivisions, and/or Gaming Interests**☐ Check if not applicable☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: State of Louisiana -OSUPAddress: P. O. Box 94095City, State, Zip: Baton Rouge, LA 70804-9095Amount of Income (exact dollar amount): \$ 102,898.06☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision*, *gaming interest*, and *business* are found in the *Instructions Section* of this form.

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**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☒ Filer ☐ Spouse ☐ Both**Location of Property**Country: USA State: Louisiana Parish/County: East Baton Rouge Parish

Description of Property:

Personal residence

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both**Location of Property**

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property:

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both**Location of Property**

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property:

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)